## MENT REFERENCE #\_\_\_\_\_

QUALIFYING COMPLAINT YES \( \Boxed{1} \) NO \( \Boxed{1} \)

## BOONE COUNTY RESOURCE MANAGEMENT 801 E Walnut Street, Room 315, Columbia, MO 65201 (573) 886-4330

## RENTAL HOUSING STANDARDS COMPLAINT

This Complaint form has been created for Tenants to make Complaints regarding the violation(s) of the Boone County Rental Housing Standards ordinance. Complaining Tenants must use this form to report any Complaint(s). This is for properties located OUTSIDE of any city limits in Boone County, Missouri. Property Address: Include complete address including unit number (if applicable) City To qualify as a Tenant eligible to engage the Complaint process, you must meet the following requirements. Both of the conditions must apply, please initial by each of the following: Complaining Tenant must be a signatory on a current written lease with the property owner or his/her agent. Complaining Lessee must be current on all rent due. Please indicate which requirement(s) are not provided in Lessee's rented residence. You may include additional information on an additional page, but it must be related to one of the following: ☐ Structural protection from the elements. ☐ Access to water service, including hot water.  $\square$  Sewer service.  $\square$  Access to electrical service. ☐ Heat to the residence. ☐ Basic security, which, at a minimum, shall include locking doors and windows. Please note: If a utility service is unavailable because a Lessee has failed to pay for the service, the unavailability of the service is not a violation of the ordinance. Filing of this notice allows the designated County official the right to enter and inspect the residence in question during daytime hours upon reasonable notice to assess the situation and to gather information related to the Complaint. Please include reliable contact information below. I, the complaining Lessee, hereby swear, under penalty of perjury, that my foregoing representations are true and correct, to the best of my information and belief. (LESSEE SIGNATURE) Phone Number: (PRINTED NAME) Email Address: \_\_\_\_\_ STATE OF MISSOURI ) ) ss. COUNTY OF BOONE \_\_\_\_day of \_\_\_\_\_ in the year \_\_\_\_\_, personally appeared \_\_\_ To me known to be to be the person described in and who executed the foregoing instrument, and acknowledge that they executed the same as their free act and deed. In witness whereof, I have hereunto set my hand and affixed my official seal. Notary Public THIS SECTION FOR OFFICE USE ONLY REFERENCE #:\_

DATE RECEIVED: